PLACE OF DEATH STATE OF MARYLAND IFICATE OF DEATH Registration Dist. No. EXACTL) y classificate. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX COLOR OR RACE 5 SINGLE, MARRIED, may BINDING (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from terms so that ee instructions (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day hrs. 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work... plai (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 1. (Duration)yrs......mos...... ds. 10 NAME OF FATHER 1.6...192 \ (Address) . V. J. II BIRTHPLACE ENT AUS OF FATHER State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether 2 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME POD 4 OF MOTHER state C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place of death yrs. mos. da. OF MOTHER In the 0 (State or country) State, yrs. mos. should 10 Where was disease contracted. Every item CIANS shot statement of if not at place of death?..... Former or (Informant usual residence.... BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Publie Health Association.)

tired 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the ocenpations of persons played, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Civil engineer, Stationary foremen, etc. But in many Physiciun, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or As examples: (a) duties of the The questerm on Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of 'Croup'); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Aceidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL scpticacmia." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia vulsions," stated nuless important. Chronic interstitial nephritis, etc. The contributory use of "Tnmor" for malignant neoplasms); inges, peritonacam, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes "Anaemia" The na-Mousles; terminal (second-(disease (merely etc.

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence will the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1922

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	PLACE OF DEATH	CERTIFICATE OF DEATH
	County Jonessel 19918	CERTIFICATE OF DEATH
	5	Registration Dist. No. 76
Vil	lage or City Marion (No,	St; Ward) (If death occurred in
	2 FULL NAME Williams 6	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	OATE OF BIRTH Chr 9(7	Nov 2 4 192 , 10 900 2 4 , 192 20
	(Month) (Day) (Year)	that I last saw h alive on 192 4
7 A		The CAUSE OF DEATH % was as follows:
0	CCUPATION a) Trade, profession or articular kind of work	membronaus Croup
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)yrsmosde.
-	IRTHPLACE (State or country)	Contributory Seenndary
	10 NAME OF FATHER John Borden	(Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
PAR	12 MAIDEN NAME OF MOTHER MOTHER White	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hyspitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place In the of death yrs mosda. State,yrsmosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) John Bordon	Former or usual residence
1/5	(Address) morion mo.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
19	Filed 1/x5 192x Earlobmon	20 UNDERTAKER ADDRESS
	Registrar	Flghmontward Morron my
	If more blanks are needed, address State Registrar,	16 W Saratage St Polto Paguaging V S No. 1

CTATE OF MADVI AND

(Approved by U. S. Cousns and American Public Health Association.)

ployed, as At school or At Lome. Care should be taken definite alarya may be entered a. Housewife, House en at home, who are entited in the duties of the whatever, write None. tired 6 prs.). For persons who have no occupation business, that fact may be lindicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemeid, etc. If the occupation has been changed gaged in Comestic service for wages, as Screant, Cook to report specifically the occupations of persons enwork, or 1/ Home, and children, not gainfully emhonsehold only (not paid Housekeepers who receive a laborer, Farm laborer, Leborer-Ceal mine, etc. Womer," etc.. worked on may form par. of the second statement.

Never return "fishores," "Topoman," "Manager," "Deal-Spinner, (5) Cotton mill: (a) Nalesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in in he rial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, trekiteet, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman. (b) Automobile factory. The material fulness of variou parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on withou' more precise specification as

Statement of Cause of Death—Name, first, the pre-EASE CAUSENG DEATH (the primary affection with respect to time and enusation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> ary), 10 ds. Nev respectively many major terminal conditions, such a "Asherist" "Lune in" (merely head of "contributory." quenees (e. g., sepsis, let has) may be stated under the train-accident: Revel : round of head-homicide; Examples: Accidental American Struck as probably such, if inne side to determine definitely and qualify as accommended to define or monicipal, or State cause for which diseases resulting from "Uraemia," "Weeth a " "And when a definite disease vulsions." "Debility" ("Congenital." "Senile." etc.), "Dropsy." "Exh. astion." "Heart failure." "Haemorsymptomatic), "Atrophy." "Collapse," "Coma causing death. The data Reported, accounted stated unless then which Chronic interstition or phettis, etc. The contributory use of "Tumo" for malignant neoplasma); Mensics; (name origin: "Cancer" is less definite; avoid inges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of eanse of death approved by Committee on ture of the hjury, as fractive of skull, and conse Poisoned by early to acid question whicide. The un "PUERPERAL septience: ean be ascertained as the care. (secondary or in ercurred) Whooping cough; Chank For VIOLENT & ARLS MAIN MEANS OF INJURY the jest operation was under-(R commendations on state child drill or misearriage as Process to periton dis." a drute :: valvalur heart affection need rol be Always qualify all Med les tensense by railway i second-.Conetc.

If this certificate is held over thoroughly and all questions answered in 'e ai', it will prevent further correspondence. All the data 's scrittal and must be obtained before the certificate is permanently filed

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT Y IS WITH UNFADING INK---THIS 00 ż

BINDING

FOR

ARGIN RESERVED

S. No. 1.

PLACE OF DEATH	
Semespet 19910	CERTIFICATE OF DEATH
County	71-0 Registration Dist. No. 266
Village or City Rhods Point (No,	St; Ward) (If death occurred in a hospital or institution, give its AME in-
2 FULL NAME Laure Ht. Brads	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Way) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
Nov 25 1921	Oct 30 th 1921 to Nov 19th 1922 that I last saw he alive on Nov 19 1 192
(Month) (Day) /(Year)	and that death occurred on the date stated above, at
7 AGE	The CAUSE OF DEATH & was as follows:
mosds. or min. ?	
8 OCCUPATION	Miningelly
(a) Trade, profession or particular kind of work	no fourther in Cormotion, certific
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs Diamos de.
O BIRTHPLACE (State or country) Rhods Point	Contributory Secondary Convolution (Duration)
10 NAME OF Edgalt, Bradshaw	(Signed) & M.D. M.D. M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a of Mother Lula H. Prason	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 HIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lula . He Pearson	Former or usual residence.
(Address) Rhyde Paint	Node Point hor 22 1923
Filed her 21 1922 John a Gress	Haren Torans Evel Int
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborershould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) But in many

Statement of Cause of Death—Name, first, the pistase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal Poisoned by earbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway taken. For violent deaths state micans of injury State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." vulsions." causing death), 29 ds.; Bronehopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (Recommendations on state-Example: Measles "Anacmia" "Coma." "Haemor-Measles; (second-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

291 2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and ... Ward) number.)

MEDICAL CERTIFICATE OF DEATH			
Month) (May), 1827			
17 CHEREBY CERTIFY, That attended the deceased from 2 4 1922, to 157 2 2 192 2			
and that I death occurred on the date stated above, at			
The CAUSE OF DEATH of was as follows:			
Joelile Vehlute			
brewie Fracture due to			
a fall custo (Duration) most de.			
Contributor Secondary			
(Signed) Courtion) mos de			
MW. 27 1927 (Address) Couspilly			
*State the Disease Causing Death, or in deaths type: Violent Causes, state (1) Meaus of Injury, and (2) whether Accidental, Suicidal or Homicidal.			
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)			
At place In the of death yrsmosda, State,yrsmosda.			
Where was disease contracted, if not at place of death?			
Fermer or usual residence			
19 PLACE OF BURIAL OR REMOVAL E.TE OF BURIAL			
ADDRESS			

BINDING

ARGIN RESERVED

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked; on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the discass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes.," ctc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Dropsy," "Exhausticn," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of hings, men-For violent deaties state means of injury "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Carcinoma, Sarcoma, ctc., of Example: Measles Always qualify all "Coma," (merely (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT RECO BINDING FOR SIN RESERVED WRITE PLAINLY, MAM V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Cou	12221	CERTIFICATE OF DEATH
	WITHIN CORPORATE LIMITS OF	Registration Dist. No.
Villa	go or City Crisfield Myon,	St.; Ward) St.; Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	mala! Slack Single MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH 25, 198
	(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH Que 1 2 1922	, 191, to, 191
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at
	yrs 5 mos 23 ds, OR min.?	The CAUSE OF DEATH * was as follows:
(a	CCUPATION) Trade, profession, or	well monthly
) General nature of industry	
O pu	siness, or establishment in ich empleyed (or employer)	(Buration)yrsmosds
9 81	RTHPLACE (State or country) Md,	Contributory Secondary
	10 NAME OF PATHER Otis Brown	(Signed) C C Colligns A M. O
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or An deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER AND	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Special or Homicidal.
i de	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS. TRANSIENTS OR RECENT RESIDENTS) At place of death
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) illiani rummond	Former or usual residence
16	(Address) Dresfield IAX.	Haperoel, Mil DATE OF BURIAL
100	1 1/25/ 1995 6.6. Collers	20 JUNDERTAKER ADDRESS
	REGISTRAR	That to ache Hopewell
	Ji more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Wonieu at honie, who are engaged in As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial "Timor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. " "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), "PUERPERAL septichaemia," "Dropsy," "Exhaustion," ACCIDENTAL, important.

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BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation The material Wom-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Puerperal septicaemic," "Puerperal peritonitis," "Uracmia," "Weeknes:" etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease (secondary or Intercurrent) affection need Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; (R-commendations on state-(second-(merely not be

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-PLACE OF DEATH EXACTLY, Phy classified. certificate properly stated MEDICAL PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH of 4 COLOR OR RACE | 5 SINGLE, 3 SEX eq eq MARRIED PERMAN should be it may be WIDOWED (Month) OR DIVORCED (Write the word) 6 DATE OF BIRTH that terms so that CE that I last saw herz ... alive on (Day) (Month) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: peliddus l day hrs. mos...da.or... min. ? 8 OCCUPATION (a) Trade, profession or plain particular kind of work Important. (b) General nature of industry (Duration) business, or establishment in n which employed or (employer)..... Contributory OI Secondary (State or country) < tel pino 0 10 NAME OF (Signed) FATHER 14. sh 0 11 BIRTHPLACE UZ RENT OF FATHER AUS ation (State or country Accidental, Suicidal or Homicidal. 12 MALDEN NAME te O/ OF MOTHER 4 inform lents, or Recent Residents) stat 13 BIRTHPLACE At place OF MOTHER .. yrs. mos. da. (State or country should Where was disease contracted, of if not at place of death? 0 THE BEST OF Every item CIANS shows statement Fermer or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m Registrar Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-..... Ward) tion, give its NAME instead of street and number.) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at 192. 1. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State, yrs. mos.

ADDRESS

RGIN

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Forcman, (b) Automobite factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it uature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic equebrosphial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (R commendations on statequences (e.g., scpsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal scp/icacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal vulsions," causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Mcasles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Measles; (second-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Z. E.

County STALLS OF 12224	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Orisqued (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MOU. (Month) (Day) (Year)	that I last saw h. Stillborn, 1912, to 1912, that I last saw h. Stillborn, 191, 191, 191, 191, 191, 191, 191, 19
7 AGE If [ESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 1.22m. The CAUSE OF DEATH * was as follows:
© (a) Trade, profession, or particular kind of work	Memalur Labor (5 mints)
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Orished	Contributory Secondary (Burstlen) (Contributory Secondary (Contributory Secondary
OF FATHER SALLA SINGLE OF FATHER (State or country) Crustical Control of the country of the coun	(Signas) Scharelle
of MOTHER Lity Octions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCENTS, OR RECENT RESIDENTS) At placs la the of death
(Informant) Shiftin Rize	Former er asual residence
(Address) Arisfield	Crudied Gerneley Mov. 1002
Filed 12 7 / 182 C. E. Collins REGISTRAR	20 UNDERTAKER Jaway Address Profice

[Approved by U. S. (ensus and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in engineer, Civil

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); time CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Nanic, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation), using always the same accepted for the same disease. Examples: Cerebrospinal

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is essential and must be obtained before actail, it will prevent further correspondis looked over thoroughly and all ques-

Of NuClf this cernMine asswered that is
the assured that is Nomenchance of the American Medical Association.) on seatment of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shock," "Uraemia," "Wcakness," under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvatar heart disease; Chronic interstitial gcs, peritonacum, ctv.; Carcinoma, Sarcoma, etc., of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent Deates birth or miscarriage as "Puenperal septichoemia," cause. "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull "Senile," ctc.), for mal grant neoplasms); Mastes, Whooping The contributory (secondary or intercur-"Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," wound ("Con-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. MARRIED. WIDOWED (Day) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 80 7 AGE If LESS than supplied 1 day hrs. 6./...ds. or min. ? plain ter. 8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry business, or establishment in 2(Duration) which employed or (employer)..... ontributory 9 BIRTHPLACE Secondary (State or country) E OF DI 10 NAME OF FATHER ENTS e OAUSE II BIRTHPLACE OF FATHER State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homleidal. œ UPA 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate 0. lents, or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER 0 .. yrs. ... mos. da. (State or country) should of Where was disease contracted, Every item CIANS shou if not at place of death?..... Former or usual residence. ADDRESS Registrar If more blanks are needed, address State Registrar, /16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOR

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day But in many

Typhoid fever (never report "Typhoid pneumenia" spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the ouly definite synonym is "Epidemic corel Statement of Cause of Death—Name, first, the pisters causing death (the primary affection with respects to time and causation), using always the same accent, ed term for the same disease. Examples: Cerebrospinals, force (the only definite supermy is "Table in the primary in the cause of the only definite supermy is "Table in the primary in the cause of the only definite supermy is "Table in the primary affection with respect to the primary affection with r Lobar pneumonia, Bronchopneumonia ("Pneumonia

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PLACE OF DEATH	STATE OF MARYLAND
county Somusel-	CERTIFICATE OF DEATH
County 00 MWW 12226	Registration Dist. No. 362
26. 11/4:0 - 9.	Registration Dist. No.
Village or City W W Wlony m (No	St.; Ward) (If death occurred in
010	a hospital or institu- tlan, give its NAME in- slead of street and
2 FULL NAME J. Wisley Worse	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WULGAR	My 22 1003
Male Whowen on Divorced	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
. M. 1 . 2	
1164. 1889	that I last saw h, alive on, 192,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
8 OCCUPATION 7	Tuber culvas . puluny
(a) Trade, profession or particular kind of work.	
(b) General nature of industry	8
business for establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)yrsmosda
10 NAME OF LATHER	(Signed) Aturch M.D.
starvey worsey	ulau/ BA.
11 BIRTUPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
◆ OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place In the of death yrsmosda, State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
7. (1) 000	Former or
(Informant) Gar-W Novey	usual residence
(Address) WEslowy onl. J.D.	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
15	Lunton 1100: 25, 1921
Filed 1107-24 192	20 UNDERTAKER ADDRESS
Samp Alal Registrar	Devenson Froz. Tocomon
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmenta"). Lobar preumonia, Bronchopneumonia ("Puenmonia").

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH classified Registration Dist. No. (If death occurred in a hospitai or institution, give its NAME Instead of street and number.) e properl of certifi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, / WIDOWED OR DIVORCED (Day) (Write the word) BINDING I HEREBY CERTIFY, That I attended the deceased from instructions at 2 (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. Tel 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work Thus Q Q (b) General nature of industry business, or establishment in import which employed or (employer).... Contributory 9 BIRTHPLACE Secondary (State or country) ARGIN (Deration)yrs.mos..... 10 NAME OF FATHER 1922 (Address) ... Church 11 BIRTHPLACE NO I H /*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether OF FATHER (State or country) 141 Accidental, Suicidal or Homicidal, 2 tate 0/ 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-13 lents, or Recent Residents) 13 BIRTHPLACE At place O OF MOTHER of death yrs. . . . mos. da. State, yrs. mos. da. O (State or country) of Where was disease contracted, if not at place of death?..... statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL ADDRESS Filed ... Registrar If more blanks are moded, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accept od term for the same disease. Examples: Cerduraspinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup") I Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "Colora pneumonia, Bronchopneumonia"); Lobar pneumonia, Bronchopneumonia

EMECEINE

head of "contributory." quences symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Puerperal septicuemia:""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial ncphritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-(Recommendations on state-"Anaemia" "Coma," (second-(disease (merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state GAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD H UNFADING INK --- THIS IS A PERMANE. BINDING FOR MARGIN RESERVED WRITE PI

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PLACE OF DEATH County Musel 122	28 STATE OF MARYLAND CERTIFICATE OF DEATH
Mas Re	Registration Dist. No. 76 /
Village or City Walle (No. 32 FULL NAME Body Sa	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Or 28 152 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	mr 2 7 1922, to run 28 , 1925
1/1 27 , 1922	that I last eaw h walive on hor 2. 8
7 AGE (Month) (Day) (Year) If LESS than day 2 hrs. mos. day or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 HIRTHPLACE (State or country)	Contributory My process Secondary (Duration) yrs. mos. de.
10 NAME OF FATHER Sulsman Golden Gold	(Signed) Surge Couldward M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
OF MOTHER Settle Housey. 18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yes mos da. State, yes mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Toymund haver.	Former or usual residence
(Address) Marius Co Oo. 15 Filed 79 1924 Earon ORegistrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registror.	16 W Santon St. Polto Poundly W. G. N.

(Approved by U. S. Consus and American Public Health Association.)

additional line i provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. ('are should be taken work, or At Home, and children, not gainfully emdefinite entery), may be entered at Housewife, House household only (not paid Tousekeepers who receive a en at home, who are onerged in the duties of the er," etc., withou more pre tre specification as Day laborer, Form laborer, Laborer—Cool mine, etc. Womworked on may form par of the second statement.

Never return "L-hover." "Toreman," "Manager," "Deal-(a) Foreman. (b) Antomobile factory. The material Spinner, (5) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the bariness or industry, and therefore an sary to know (a) the kin! of work and also (b) the cases, especially in in 'ne rial employments, it is neces Physician, Compositor, Architect, Locomplice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of variou parsuits can be known. The ques cupation is very important, so that the relative health whatever, write None. tired 6 yea.). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Civil engineer: Stellmany fremen, etc. Statement of Occupation Precise statement of oc For many occupations a single word or term on As examples: (a) But in many

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the mane disease. Examples: Gerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid feter (never report "Typhoid phenmenia"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,"

ary). Wide. New responsible to agree the enterminal inges, pertiona are etc., Carcinoma, Sarcoma, etc., of (mane origin, "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (e. g., sepsis, tetanes) may be stated under the and qualify as ACCIDINGAL SCHOOL OF HOMICIDAL, OF State cause for which sands it operation was undercan be ascertained at the one always qualify all symptomatic), "Atrophy." "Collapse," conditions, such a "tathenish" "Imagia" (merely causing destin. stated nuler: ir par are use of "Tumor" for malignout neoplasms 1.: Nomenclature of the American Medical Association.) ment of cause of death suproved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by cerbol: willtrain-accident; Revolver provide Examples: Accidental distring: Street by railway as probably such, if impo sible to determine definitely. taken. For violett stiffing that means of injury "PUERPERAL sep. les of " diseases resulting from an labbith or iniscarriage as rhage," "Inanition" "M rasmus," "Old Age." "Shock," "Dropsy." "Exh.ustion." "Meart failure." vulsions." "Debility" (secondary or increase, affection need Chronic in condition to the fis, etc. Whooping crugh; Christie "Uraemia," "Westan s " ("Congenital," "Senile." ctc.), Men. Broncho individu (R commendations on state En mil a during probably salicide. The nacalvalur heart derease; when a definite disease .: is peritonitis," The contractiony head-homicide; "Coma. "Haemor-Sousies; SSRONIL " "Connot be -connd-

If this certificate is be ked over thoroughly and all questions answered in the all it will prevent further correspondence will the data is securial and must be obtained before the certificate is permanently filed

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.:.... Ward) a hospital or institu-tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH IS DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. OR DIVORCED (Write the word) CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work ... N. allman (b) General nature of industry usiness, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 0: 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER State, yrs. mos. da. . . yrs. mos.....da. (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence. (Informant) CATE OF BURIAN PLACE OF BURIAL OR REMOVAL CIA 20 UNDERTAKES ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation husiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, ctc. Wom-The material

Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia, fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. and qualify as accidental, suicidal, or homicidal, or rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon." "Heart failure." "Haemorsymptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," can he ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronghopneumonia (seconduse of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on state-Example: Measles (disease The na-

If this ectificate is looked over thoroughly and all questions answered to detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT MECO BINDING × INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH UNFADING

V. S. No.

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	PLACE OF DEATH	STATE OF MARYLAND
Coun		CERTIFICATE OF DEATH
	WITHIN CORPORATE LIMITS OF	Registration Dist. No.
Villa	go or City Crisfield (No. 1814	St.; Ward) [If death occurred in
		a hospital or Institution,
	2 FULL NAME Laward	As a sery of street and number.]
		1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	- MARRIED,	18 DATE OF DEATH MAN 25 100
1	hale Black WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	aug 3, 1922	, 191, to, 191,
	(Month) (Day) (Year)	that I last saw h alive on, 191,
7 AG		and that death occurred on the date stated above, atm.
	vrs 3 mes 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Das dead when &
8)	Trade, profession, or	and the solution to the
	ticular kind of work	Trong Laumonia
O pas	iness, or establishment in .	Owes (Ourston) yrs mes de
	ch employed (or employer)	Contributory
	RTHPLACE (State or country) Md.	Secondary
	10 NAME OF A	(Quration), yra. mae. 62
	FATHER Treston Killiams	isigned) to go palland p. M. O.
ENTS	11 BIRTHPLACE	1/25/ 1827 (Address) Gresfield Mis
N Z	OF FATHER (State or country)	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accidental.
PARI	12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.
0	13 BIRTHPLACE DO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted,
	Languet Danger	If not at place of death?
	(informant) Samuel Station	usual residence
	(Address) Lapewell, Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	.1.11161	Hopewell, Md. 129, 32
. File	11/25/1922 6. 6. Collens	20/UNDERTAKER ADDRESS AND
	REGISTRAR	Thos Mouche Hopsewell, I als
	Af mere blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSINO DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to fra line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohur pneumonia, Bronchopneumonia ("Pneumonia," Industrial is indefinite); Tuberculosis of lungs, meningualified. is indefinite);

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway troin-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," head-homicide; "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of nephritis, etc. eough; Chronic rubulus heart disease; Chronic interstitiol (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Poisoned ly symptomatic), "Atrophy," "Convulsions," "Debility" by corbolic ocid-probably Never report mere mound ("Con-

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(Approved by U. S. Census and American Public Itealth Association.).

tion applies to each and every person, irrespective of cases, especially in industrial employments, it is neces-Statement of Occupation Preeize statement of oceupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomoline engineer, But in many sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it The material er," ete., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womployed, as At school or At home. Care should be taken As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gragery; worked on may form part of the second statement. Never return "Laborer," "Poreman," "Manager," "Dealen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houscuife, Housework, or At Home, and children, not gainfully emto report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at he finiting of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no oecupation Civil engineer, Stationary fremen, etc. (a) Foremen, (b) Automobile factory. should be used only when needed. whatever, write None. Statement of Cause of Death—Name, first, the prsease Ease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Caneer" is less definite; avoid use-of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men. discase; affection need not be (disease (seeond-The contributory ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknes ." etc., when a definite disease (merely "Exhaustion," "Heart failure." "Haemorrhage," "Inanition." "Marasmus," "Old Age," "Shoek," diseases resulting from childbirth or misearriage as State cause for which surgical operation was under-Always qualify all For violent deaths state means of injury and qualify as accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drouging; Struck by railway eause of death approved by Committee on train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the (Rreommendations on state-Nomenelature of the American Medical Association.) "PUERPERAL SCHUCGEMIC," "PUERPERAL peritonitis," "Coma," "Senile," Example: Measles Whooping cough; Chronic valcular heart causing death), 29 ds.; Bronchopneumonia conditions, such as "Asthenia," "Anaemia" Poisoned by earbol'e acid-probably suicide. symptomatie), "Atrophy," "Collapse," vulsions," "Debility" ("Congenital," Chronic interstitial nephritis, etc. can be ascertained as the cause. (secondary or intercurrent) stated unless important. head of "contributory." "Dropsy," ment of

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No. 30

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	PLACE OF DEATH	STATE OF MARYLAND
	Somest 19999	CERTIFICATE OF DEATH
C	ounty formers 12252	Registration Dist. No.
	William	Acgistration Dist. 110,
Vill	age or City (No	St; Ward) (If death occurred in a hospital or institu-
	0.0 16 -010.	tion, give its NAME in- stend of street and
	² FULL NAME	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
1	married, wildowed	(Mouth) (Day) (Year)
Write the word)		17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	nov. 10 1927 to nov 18
	may 22 ,9/6	that I last saw harm alive on From 17 192 -
	(Month) (Day) (Year)	and that death occurred on the date stated above, at 6 P, ma.
A	If LESS than	The CAUSE OF DEATH & was as follows:
	6 3 38 I dayhrs.	THE CAUSE OF DEATH AT WAS AS TOLIOWS;
8 0	ccupation min. ?	Interfered 26 cm. har
	a) Trade, profession or Child	from JuBla 1 Fanas
P	b) General nature of industry	31
	usiness, or establishment in thich employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE		Contributory Ly Plans & eur
	(State or country)	(Duration)yremoeda
	10 NAME OF FATHER H. See A.C.	(Signed) Addles M.D.
	FATHER Lev. M. Hoslillen	50 /30 S-1- M. M.
TS	11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
REN	(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
AF	12 MAIDEN NAME OF MOTHER MOTHER TONGY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	18 BIRTHPLACE	ients, or Recent Residents)
	OF MOTHER (State or country)	At place In the of death yrs mosda. State,yrs mosda.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Interment) George Mr. Hosteller	Former or usual residence
(Address) Weslow 200		19 PLACE OF BURIAL OR REMOVAL A PATE OF BURIAL
		W. In my 1/3,
15	11/2 - 610.	20 ENDERTAKER ADDRESS
-	Filed 192	Xt. P
_	Acgustrar	furtion bocomon (et
	ii more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully embusiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the dnties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, cases, especially in industrial employments, it is neces tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc erc., For many occupations a single word or term on without more precise specification as Day If the occupation has been changed

ed term for the same disease. Examples: Cerebrospinal Typhoid ferer (never report "Typhoid pneumonia")/; spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar fever (the only definite synonym is "Epidemic cerebro, Statement of Cause of Death-Name, first, the DIS bar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Poisoned by carbol'e acid-probably suicide. The na-Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childhirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. State cause for which surgical operation was under-"Uraemla," "Weaknes:" etc., when a definite discase "Dropsy." "Exhausticn," "Heart failure," "Haemorcausing death). 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of rulsions." Chronic, interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; (mame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. RECORD (If death occurred in hospital or institu-St.;..... Ward) roperly cla tion, give its NAME instead of street number.) 0 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 STRCES, MARKIED, WILDOWED WILDOWED 16 DATE OF DEATH 3 SEX may be should OR-DIVORCED (Month) (Day) (Write the word) BINDING BEREBY CERTIFY. That I attended the deceased from that Instructions Ö that I last saw h alive on (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than I day hrs. ...yrs................ds. or min. dns ter 99 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work Ø mportant. (b) General nature of industry <u>_</u> business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country MARGIN W 0 10 NAME OF FATHER (Signed) 0 11 BIRTHPLACE AUSE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. REN (State or country) 12 MAIDEN NAME d state O/ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) IS BIRTHPLACE At place of death Inthe OF MOTHER State, yrs. mos. da ... yrs. mos......da. (State or country Every Item of CIANS should of Where was disease contracted, 14 THE ABOVE IS if not at place of death?.. statement Former or usual residence ATE OF BURIAL 20 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

BEC

Statement of Occupation-Precise statement of occ., eupation is very important, so that the relative health. tion applies to each and every person, irrespective of For many occupations a single word or term on the first line will !c sufficient, e. g., Farmer or Planter, Physician, Compositor, Arguitect, Locomolive engineer, Civil engineer, Stationary fremen, etc. But in many cases, especially in industrial employments, it is neces-Eary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; The material Never return "Labore.," "Fareman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer. Laborer.-Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Mousekeepers who receive a As examples: (a) worked on may form part of the second statement. definite salary), may be entered as Houseveife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestie service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed or given up ou account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation (a) Foreman, (b) Automobile factory. should be used only when accded. whatever, write None.

Statement of Cause of Death—Name, first, the disease causing dection with respect to time and causation), using always the same accepted term for the saine disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoiduse of "Croup"); Typhoid feer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopheumonia, ("Pneumonia,")

ryges, perilonaeum, etc., Carcinoma. Sareoma, etc., of (name origin; "Cancer" is less definite; avoid. Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Taberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; The contributory affection : need not be (disease conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustien," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as ary), 10 ds. Never report mere symptoms or terminal "PURRPHAME septicaemin," "PUERFERAL peritonitis," etc. State cause for which surgical operation was under-For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drouning; Struck by railway (Recommendations on state. train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The naquenees (e. g., scpsis, tetanus) may be stated under the ment of eause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) stated unlers important. Example: Measles causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. (secondary or intercurrent) head of "eontributory."

If this certificate is 10-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County CORPORATE LIMITS OF	Registration Dist, No.
	(Mar 1:0.1 1/3 S.	414
	Village or City (No. 1)	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
	William Feleliher	Johnson stend of street and number.)
	2 FOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Mule Acolor or RACE 5-SINGLE, MARRIED, Married OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
	6 DATE OF BIRTH 7	Mov. 2 # 1922, to Mov. 25 , 1922 that I last saw h Amelive on Nov. 24 , 1922
1	(Month) (Day) (Year)	and that death occurred on the date stated above, at 2/15 A' m
1	If LESS than	The CAUSE OF DEATH 2 was as follows:
	44 yrs. 7 mos. 20 ds or min. ?	Carcinoma of Carolina
	8 OCCUPATION	end af stopach
1	oparticular kind of work	<i></i>
11	(b) General nature of industry business, or establishment in which employed or (employer).	(Duration) yrs mos do
Manager or Committee	(State or country) new Curfield well	Contributory Secondary (Duranon) yrs mos de
	10 NAME OF William Johnson	(Signed) / Survey J. D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	a OF MOTHER Hester Turknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	OF MOTHER (State or country)	At place for the first of mos. 2.0da. In the State, f. f. yrs
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) for the think one	usual residence. Manual Purp
	(Address) // 3 & that fried on	19 PLACE OF BURIAL OR REMOVAL STEE OF BURIAL NOV. 27 1977
	Filed 11/26/ 1922 6 & Collins Registrar	One A Brackstone Custul On a
	If more blanks are needed, address State Registrar.	W. Saratoga St., Palto., Requesting V. S. No. 1

S. Census and American Public Health Association.) (Approved by U.

Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of For many occupations a single word or term on Civil engineer, Stetionary inemen, etc. But in many sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is necestherefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Nalesman, (b) Grocery; The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more greates specification as Day laborer, Farm laborer, Laborer-Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housegainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons enshould be used only when uceded. As examples: (a) Housemaid, etc. If the occupation has been changed or given up on account of the disease causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, fulness of various pursuits can be known. nature of the business or industry, and Home, and children, not (a) Foreman, (b) Automobile factory. whatever, write None. 27 Or

Statement of Cause of Death-Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cerebrospinal Lobar pneumonia, Bronchopneumonia, ("Pneumonia," to time and causation), using always (hegsame acceptfever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia")

moes, peritonurum, etc., Carcinoma, Sarcoma, etc., vol. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not; be (disease ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely "Debility" ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor-"Uracmia," "Weaknes" ctc., when a definite disease symptomatie), "Atrophy," "Collapse," "Coma," "Conrhage," "Inanition." "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accedental, suicedal, or Homicedal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway The naas fracture of skull, and conse-(e. g., sepsis, tetanus) may be stated under the (Recommendations on statetrain-accident; Revolver wound of head-homicide; ment of cause of death approved by Committee on Nomenclature of the American Medical Association;): stated unless important. Example: Measles Whooping cough; Chronic valvular heart causing death), 29 ds.; Bronchopneumonia Poisoned by carbol's acid-probably suicide. head of "contributory." ture of the injury. vulsions," duences

All the data is essential and must be obtained before If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondthe certificate is permanently filed.

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	Every item of information should be carefully supplied. AGE should be stated EXA CIANS should state OAUSE OF DEATH in plain terms so that it may be properly clastatement of OCCUPATION is very important. See instructions on back of certificate.
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	N. 8Every item of Information should be carefully supplied AGE should be stated EXA CIANS should state OAUSE OF DEATH In plain terms so that it may be properly clastatement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND
- ADDA 1 21 N 1000F	CERTIFICATE OF DEATH
County 2000 12235	92-0
So	Registration Dist. No.
Village or City (No	St.;Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME An	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Col. Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or	
particular kind of work.	Rold
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory Exposure
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Sherman John son	(Signed) Darbon D. L. M.D.
11 BIRTHPLACE	/ Y 192 Y (Address) Marion mf.
THE STATE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sagmar Whillingto	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosda, State, yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Harace S. Cattman	Former or usual residence
(Address) marion Inf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 11/2- Earl	Wesleys Emetary 12 ,1922
Filed 192> Slikohnson	20 UNDERTAKER ADDRESS
· Registrar	Julghman Roard Manon Mrs
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, "Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath Housemaid, etc. If the occupation has been chauged ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the gaged in domestic service for wages, as Screent, Cook laborer, Farm laborer, Laborer-Coal mine, etc. Wouradditional line is provided for the latter statement; it to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer. Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchoppeumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite syuonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the prs-

> head of "contributory." (Recommendations on statement of cause of death approved by Committee ou quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF symptomatic), "Atrophy," "Collapse," "Coma," Nomenclature of the Americau Medical Association.) Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemor vulsions." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory inges, peritonum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Whooping cough; Chronic valendur heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease (merely

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the certificate is permanently filed.



CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD BINDING V ITH UNFADING INK---THIS FOR MARGIN RESERVED N. B. σi

PLACE OF DEATH

Someract 12236	CERTIFICATE OF DEATH
County Otheralt 12500	74-0 Registration Dist. No. 267
Village or City Dances Quarter,	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLGE OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than I dayhrs. yrsmosds.ormin.?	The CAUSE OF DEATH it was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work ### April 1985 **Trade of Work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Mary of most de.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) yrs. mos. de. (Signed) (Duration) yrs. de. (Signed) (Duration) yrs. de. (Signed) (Duration) yrs. d
OF MOTHER Mohnone 13 BIRTHPLACE OF MOTHER (State or country) hadron	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place In the State, yrs. mos
(Informent) Select OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Dance Luntu Filed Mrt 9 1922 H. S. Kelly Relistrar	Lames Quarter 2/11/20, 1977.7. 20 UNDERTAKER ADDRESS TOTAL I Mabster Leads Island
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oe-Foreman, (b) Automobile factory. For many occupations a single word or term on The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup") EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same acceptfever (the ouly definite synonym is "Epidemie ccrebro Statement of Cause of Death-Name, first, the DIS-

> conditions, such as "Asthenia," "Anaemia" ture of the injury, as fracture of skull, and eonsediseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemla," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart disease; For VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scnile," cte.), Never report mere symptoms or terminal (Recommendations on state-Example: Mcastes (disease (merely (second-

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N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of cortificate. ECORD A PERMAN BINDING IS ITH UNFADING INK---THIS MARGIN RESERVED FOR AINLY, WRITE

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Owner 122	Registration Dist. No. 2 67
Village or City Laws Lughi,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year) 7 AGE If LESS than	that I last saw inalive on
l day hrs.	Mother in del omile
8 OCCUPATION (a) Trade, profession or particular kind of work	Contracted feelings
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Mutilation felial Secondary in Lewiscon yes mos ds.
11 BIRTHPLACE OF FATHER OCCUPANT OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Surface M.D. Nov. 16. 1922 (Address) Letter or in deaths from
2 12 MAIDEN NAME OF MOTHER Availa Wilson	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da, In the State, yrs. mos. da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary Malson	usual residence
(Address) Advill from the	19 PLACE OF BURIAL OR REMOVAL EATE OF BURIAL
Filed NOV 17 1923 W. S. Kelly Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at heginning of illuess. If retired from household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter: whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oe For many occupations a single word or term on or At Home, For persons who have no occupation If the occupation has been changed and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "eontributory." quences (e.g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," eonditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcastes (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or "Dropsy," "Exhaustica," "Heart failure." "Haemoruse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid—probably suicide. State cause "Uraemia," "Weaknes: " etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. The contributory (name origin; "Caueer" is less definite; avoid Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Coma," "Con-Measles; (second-The na-(merely ete.

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many cases, Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid pneumonia"); Lobar pneumonia. Branchapneumonia ("Pneumonia," meningualified. is indefinite); Puberculosti of lungs, meningualified.

under the head of "Contributory." (Recommendations on Nomenclature of the American Mcdical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, lelanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental. surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronie valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS WRITE PLAINLY, WITH

STATE OF MARYLAND

CERTIFICATE OF	
Registration Dist.	No. 267
Ct. Word)	[If death occurre

12239

1 PLACE OF DEATH

1	Village or City ames wash (No	St.; Ward) [if death occurred is a hospital or Institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 200 5 , 192 2 (Month) (Day) (Year)
6 [OATE OF BIRTH (Month) (Day) (Year)	that I last saw h. a. alive on row 5 ,1912
9 (If LESS than 1 day, //.hrs. OR D. min. ? OR D. min. ?	and that death occurred on the date stated above, at 150 A m The CAUSE OF DEATH* was as follows: Demature butth - 8 ha
D bu	Siness, or establishment to slick employed (or employer) INTHPLACE State or country annex waste, Ind. 10 NAME OF FATHER	Contributory (Secondary) (Buration) (Buration) (Signed) (Buration) (Buration)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) and Lucatu, Ind 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 2 Ames Lucatu Ind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents At place in the of death yrs. mos. ds. State yrs, mos. ds.
14 15	(Informant). (Address) Fal Sland. (Bed 1, 1912 2 1/2 S. Kelly REGISTRAR	Where was disease contracted, If out at place of death? Former or usual residence 19 place of Burial or Removal Carue Quarter Address Address Address Address Address Address Address
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberquoisis of lungs, meninges, peritonacum, etc.. Cartingles.

"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclasepsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

No. v.

A de

PLACE OF DEATH County Somewest	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No. (No.	Registration Dist. No.
2 FULL NAME Mary Elizabeth	Modernel (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeush 4 COLOR OR RACE 8 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH APRIL 11 1831	that I last saw herealive on mr 2 7 , 192 5
7 AGE (Month) (Day) (Year) 7 If LESS than I dayhrs.	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH it was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland.	Secondary Scheroses Duration)
10 NAME OF Januel Papons.	(Signed) Sex Cleristins M. D. 7m. 28 192 & (Address) Marion
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Margnet Long. 13 BIRTHPLACE OF MOTHER (State or country) md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Reccut Residents) At place in the State,yrsmosde.
(Informant) Company MC Admil	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Shelltown md	10 PLACE OF BURIAL OR REMOVAL THE OF BURIAL 11/29, 1922
Filed 192 Y Colors Registrar	20 UNDERTAKER ADDRESS Comoge 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Ceisns and American Public Health Association.)

whatever, write Nonc. tired 6 yrrs.). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," gtc, without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons definite salary), may be entered as household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Epinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in indistrial employments, it is neces-Civil engineer, Stationary farmen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Ocenpation Precise statement of oc or At Home, and children, not gainfully cm-For many occupations a single word or As examples: (a) Housewife, House The ques

Lobar Typhoid fever (uever report "Typhoid pneumenia") : A spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples : Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pisbar pneumonia, Bronchopneumonia ("Pnenmonia") (the only definite synonym is "Epidemic cerebro DEC 6 1822

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under "Puerperal septicaenia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmns," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vnlsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopnéumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart (Recommendations on state Example: Meastes "Anaemia" "Coma," "Haemor discase; Measles, terminal (second-(disease (merely etc.

If this certificate is lacked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

4

-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD A PERMANENT BINDING IS FOR WITH UNFADING INK---THIS ARGIN RESERVED S. No. 1.

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Cornersel 199/19	CERTIFICATE OF DEATH
F. 1 1 122410	Registration Dist. No. 200
Village or City (No	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Dengman	J. mussle tlon, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH LOT 13 102 (Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH hoch 1832	that I last aaw hallve on, 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows
yrsmosda.lormin. ?	Had no doctor
8 OCCUPATION (a) Trade, profession or more refus	
particular kind of work	Jan Worten 109
business, or establishment in which employed or (employer)	(Duration) yrs. mos de.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos de
10 NAME OF FATHER Walter marsh	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a 12 MAIDEN NAME Calsil marsh	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State,yrsmosda.
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) when h Bradshuy	Former or usual residence.
(Address) Crisfield In	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
Filed Var 27 1922 John a Ceraus	20 UNDERTAKER TO APPRESS
Registrar	Harver I Come Canel MI
If more Wanks are needed address State Registrer	16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmor (re state occupation at beginning of illness. If retired from Whatever, write None. tircd 6 yrs.). or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persous who have no occupation -Ceal mine, etc. Wom-As examples: (a) But The material The ques-

Statement of Cause of Death—Name, first, the bis EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup") Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on head of "contributory." quences (e.g., scpsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as taken. For violent deaths state mians of injury State cause "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or "Uraemia," "Weakness." etc., whou a definite disease "Dropsy." "Exhausticn," "Heart failure," "Haemorvulsions," couditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; stated unless important. Example: Meastes Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-"Coma," "Conterminal (second-(merely (disease

If this certificate is looked over thoroughly and all questions in swered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

Exact statement of N B.-Every item of Information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING WITH UNFADING INK-THIS IS FOR RESERVED MARGIN PLAINL

V. S. No. 1.

County Level 12242	STATE OF MARYLAND CERTIFICATE OF DEATH
A 1000	(113) Registration Dist. No. 266
Village or City 2000 (No,	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
MIDOWED OR DIVORCED (Write the word)	
6 DATE OF BIRTH 7 /7 44	I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 t LESS thus 1 day, hrs. 2 mos. ds. OR mio.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs, mos. d Contributory Secondary
10 NAME OF FATHER DIVISA	(Signod) (Buration) yrs mos d
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, it deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of deathyrs
(leformant)	Where was disease contracted, If not et place of deeth ? Former or usual residence
(Address) English G. Com	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LUT 5 , 1912 2 20 UNDERTAKER ADDRESS ADDRESS
Filed TWO 75 , 1922 John W Williams REGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

6 yrs.j. or given up on account of the DISEASE CAUSING DEATH, write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm taborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, mobile factory only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil is provided for the latter statement; it should be used engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nonienclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by "PUERPERAL peritonitis," birth or miscarriage as "Puenperal septichacmia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopncumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles; Whooping ges, peritonueum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Shock," "Uraemia," "Weakness," ete. "Dropsy," carbolic acid-probably State cause for which Never "Exhaustion, report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH	CEPTIFICATE OF DEATH
Sensersot 19943	CERTIFICATE OF DEATH
County	91-6 Registration Dist. No. 266
Tool to Sud	Negistration Disc No.
Village or City Sterler (No. (No.	St.: Ward) (If death occurred in
Vinage of City	a hospital or institu- tion, give its NAME in- stead of street and
Johns Iv. Trace	stead of street and number.)
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 GEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	hr 30 192 2
WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	, 192, to, 192,
// 27 ./839	that I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the data stated above, at
7 AGE If LESS than	
83 // 12 I dayhra.	The CAUSE OF DEATH & was as follows:
yrsds.lormin. ?	LIMAT
8 OCCUPATION O	I al the wother vin
O(a) Trade, profession or Petited	district across do
(b) General nature of industry	1. al + howe and
O business, or establishment in	Certerio-Allerobes (Duration) yra
which employed or (employer)	Contributory 10 Corceros
9 BIRTHPLACE (State or country)	Secondary
	(Duration)
10 NAME OF STATES	(Signed) M. D.
four marshay is	(4.13)
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
11 BIRTHI LACE OF FATHER (State or country) 12 MAIDEN NAME O	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	
a glen marshal	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- :ents, or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Unknowed	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Cooles masshall	Former or usual residence.
(Informant)	
Syleren ma	TACE OF BURIAL OR REMOVAL
(Address)	Vylerlen me swel 195
Filed kor 30 1922 John a Grans	O UNBERTAKER ADDRESS
Registrar	Lother a Bradshot Cresheld.
If more blanks are needed, address State Registrate	16 W Sametoga St Relta Requesting V S No 1
ir more planks are needed, address State Registrate	10 W. SHERIOGR St., Dano., Requisiting V. S. No. 4

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken Whatever, write None. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc Foreman, (b) Automobile factory. For many occupations a single word or At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation -Coal minc, etc. Wom-The material But in many term on House-Day

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee nead quences ture of the injury, train-accident; Revolver wound of Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menvulsious," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness." etc., when a definite disease Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; of "contributory." .. (uame origin; "Cameer" is less definite; avoid FOR VIOLENT DEATHS State MICANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) as fracture of skull, aud conse-Chronic valvular heart discuse; (Recommendations on state-"Amaemia" hcad-homicide; "Coma," (second-(disease Mcasles;

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DEC 2 188

N. B.--Every item of Information should be carefully supplied AGE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD A PERMANE BINDING H UNFADING INK---THIS IS FOR MARGIN RESERVED WRITE PI

vi.

PLACE OF DEATH County Connect 12244	STATE OF MARYLAND CERTIFICATE OF DEATH
marian	Registration Dist. No.
Village or City (No. ,)	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MOV 29 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw ham alive on Nov 78, 1927,
76 7 If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Contributory Secondary (Diration) yrs. mos. 7 de. Contributory Secondary
10 NAME OF FATHER 11 HIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER Sout Fract 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs mos da. State, yrs mos da.
(Informant). The Hest of MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Crafuld and 16 Filed 1/39 192 Harohnson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1/30
If more blanks are needed, address State Registrar.	S. Faroson For Cuspeld. Ind 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the whatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as .11 school or .41 kome. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered at Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may torm part of the second statement Spinner, (b) Cotton mitl; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of variou parsaits can be known. The quescupation is very important, so that the relative health (a) Foreman. (b) Automobile factory. The material Ciril engineer, Stationery fremen, etc. But in many Physician, Compositor, Architect, Locomotics engineer, Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of tause of Doath—Name, first, the pissease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia,"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

unqualified. is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, becomes may be stated under the symptomatic), "Atrophy." "Collapse," "Coma." "Conary). 10 ds. News trapert mean spins on terminal conditions, such a "Asthenia" "Anaemia" (merely stated unless in a said inges, perilonarum, etc.. Carcinoma, surcoma, etc.. of (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as foreigne of skull, and conse-Poisoned by cerb-1's cold- goods by suicide. The natrain-accident: Receiver count of herd-hymicide; Examples: Accidental decorating; atruck by railway as probably such. If impositive to determine definitely, and qualify as Acceptance. Statement, or Homicidal, or State cause for which ou coult peration was under-"PUERPERAL seplication of Treatment a peritonitie," diseases resulting from children or miscarriage as can be ascertained rhage." "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exh. methan." "Thant failure." vulsions." causing death), its dress througho, resumonia (secondar) of haterers it) Chronic in co-clinil with list etc. Whooping use of "Tunnor" for muligment neoplasms); Measles; "Uraemia," "Weeth > FOR VIOLAND AND ARC MILANS OF INJURY "Debility" ("Congenital," "Senile," etc.), 1. 1.511. 14 Car and (R commendations on stateand when a definite disease Evanple Mes les calvular heart affection need not be Always qualify Leurine de l'anninal The conditatory "Haemor-(second-- lisease discase: etc.

If this certificate is to hed over thoroughly and all questions answered in heart, it will prevent further correspondence. All the data is so utial and must be obtained before the certificate is permanently filed.

11

PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Source 12245	(148)
WITHIN PORPORATE LIMITS OF	Registration Dist. No.
Village or City Crusfue (No. , , , , , , , , , , , , , , , , , , ,	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
² FULL NAME Laura	Hnule number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE; MARRIED, WHOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nor 2 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
not becomy 88h	that I last saw have alive on 7 7 , 192 7
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
3 6 1 dayhrs.	Cecule Die Hent.
8 OCCUPATION ds.lormin. ?	Carl Maria & Charpen
(a) Trade, profession or	active rating
particular kind of work Hall self-like (b) General nature of industry	
business, or establishment in	(Duration)
which employed or (employer)	Contributory acute Nephral
(State or country)	Conf Premarcy (Duration) , yrs. mos. de.
10 NAME OF	8. TP Maiss
FATHER July Design	(Signed) M. D.
2 11 BIRTHPLACE	192. (Address) Market in deathy from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Cansing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Selver Beaucleanus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Cole Stario	Former or usual residence
(Address) Sheet lowy, mel	19 PLACE OF BURIAL OR REMOVAL TO TE OF BUHIAL
15	Marin Ma. Ma. 5100. 4 ,1924
Filed Nov. 3 th 1927 Cally Registrar	20 UNDERTAKED ADDRESS
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, er," ete., without more precise specification as Day whatever, write None. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a cu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobite factory. The material Spinner, (b) Cotton mitt; (u) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various purguits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Û, For many occupations a single word or term on At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the present causing dearm (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Corebroshinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"): Diphtheria (avoid use of "Crond"): Fuphoid fever (never report "Typhoid pneumonia").

Lobar pneumonia, Bronchopneumonia ("Pneumonia").

9

Nomenelature of the American Medical Association.) ment of eause of death approved by head of "contributory." quences ture of the injury, as fracture of skull, and eonsetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease symptomatic), "Atrophy," "Collapse," taken. For violent prattis state means of injury State eause rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorconditions, ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant ueoplasms); Poisoned by carbolic acid—probably suicide. "Puerperal septicaemia." "Puerperal peritonitis," vulsions," eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. ingrs, perituraeum, etc., Curcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) such as "Asthenia," for which surgical operation was under-(Recommendations on state "Апаетіа" The contributory "Соша," Committee Meusics; (seeoud-(disease (merely not be

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county Course X 12246	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260
2 FULL NAME Butsy Ste	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruil Colored Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH Moulta /2, 192 (Month) (Day) (Year)
6 DATE OF BIRTH DATA	= 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. 1 day, or = min, ?	that I last saw h alive on 2000, 1912, and that death occurred on the date stated above, at 30 m.
(a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer).	(2 sew her for first twice 12 hours before death) (Burellon) \$ yrs. \$ mos. \$ ds.
10 NAME OF FATHER Not Business	Contributory Secondary (Bustlen) (Signad) (Signad) (Signad) (Bustlen) (Bustlen)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 70	*State the DISHASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 15 Filed The 13 1912 Thuck	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	Ma Jours Or anny
4 more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Househeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used precise specification as Day loborer, Farm loborer, Loborer mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the birth or miscarriage as "Puerperal septichoemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collabse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Bron-chopneumonia (seeondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railwoy The contributory (secondary or intercurtrain-accident; Revolver "Urarmia," "Weakness," State cause for which (Recommendations "Exhaustion," ACCIDENTAL, important. wound of

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DEC 2 192

BINDING

RESERVED

(Approved by U. S. ('ensus and Americau Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook whatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a en at home, worked ou may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Stationary firemen, etc. But in many -Coal mine, etc. Womterm on

Statement of Cause of Death—Name, first, the puscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quenees ture of the injury, as fracture of skull, and conserhage," "Inanition." "Marasmus," "Old Age," "Shock," Poisoned by carbolic acid—probably suicide. train-aecident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from ehildbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknes .: " etc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or (Recommendations on state-Example: Measles failure." "Haemor-Always qualify all The contributory The naterminal (disease (merely (second-

If this certificate is 10°ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

61 9 030

V. S. No. 1.

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	PLACE OF DEATH	STATE OF MA	RYLAND
Coun	variety 12258	CERTIFICATE O	F DEATH
	WITHIN COMPORATE LINES OF	Registration Dis	t. No.
Villag	go or city custally (No. Jerser	St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Tranklin Je	Lylines	et street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE	MARRIED, Married Male negro (Write the word)	was have dead (Month)	(Day) (Year)
e DV.	TE OF BIRTH	17 I HEREBY CERTIFY, That I att	
	(Month) (Day) 19 EE	that I last saw halive on	
7 AG	E of mouths seeky It LESS than	and that death occurred on the date sta	ited above, atm.
	Por de la	The CAUSE OF DEATH * was as follow	rs:
8 00	CUPATION) Trade, profession, or the drug are flour kind of work	Unknown	**************************************
O bus	General nature of Industry Iness, or establishment in ch employed (or employer)	(Ouralion)	yrs, mos. ds.
	RTHPLACE (State or country) Cristield hus	Secondary	
	10 NAME OF amas Yilghman	(Signed) 1. 4. 3 Miles	7
RENTS	11 BIRTHPLACE OF FATHER (State or country) Marion M	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal.	in deaths from Violent
PAR	12 MAIDEN NAME amanda Miles	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
	13 BIRTHPLACE OF MOTHER (State or country) Hapewell, me.		yrsde.
14 TH	IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
- ,	(Informant) Even Julyhuman	Former or usual residence	
	(Address) Crafiel M.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	Mars Is way lot loadon	20 UNDERTAKER	ADDRESS
File	BEGISTRAR	annes Tilchman	Crustiel my

" more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V S. No. 1

[Approved by U. S. Census and American Public Health

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in the second statement. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," At home. Care should be Locomotive If retired from engineer,

Statement of Cause of Death—Name, first, the DISEASE EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, membrane

on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, telanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicidc; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intereur-"Dropsy," "Exhaustion," carbolic State cause for which For VIOLENT DEATES Never acid-probably report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondque. All the data is essential and must be obtained before the certificate is permanently filed. 7

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BINDING

FOR

ARGIN RESERVED

S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County SOMERSET 12249	Registration Dist. No. 260
Village or City PRINCESS ANNE (No, —	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE 4 COLOR OR RACE 5 SINGLE, MARKIED, SINGLE WIDOWED OR DIVORCED (Write the word)	NOVEMBER 18, 152 2 (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
DATE OF INETH	November 7, 192 2 to November 18, 192 2
FEBRUARY 913 (Month) (Day) (Year)	that I last saw h imalive on November 18, 192 2
AGE If LESS that I dayhr	The CAUSE OF DEATH % was as follows:
(a) Trade, profession or SCHOOL-BOY particular kind of work	Searlet Fever (Duration)
BIRTHPLACE (State or country) CANADA	Contributory Acute Nephritie Secondary (Duration) yrs. mos. 4 da
10 NAME OF T. CHARLES TRIBECK	(Signed) Catherine F. Laubford M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER LILY BROWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) ENGLAND	At place of death yrs. mos da. State, yrs mos da. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) T. C. TRIBECK	if not at place of death? Former or usual residence.
Filed 7/18 192) PRINCESS ANNE, MD. (Address) Filed PRINCESS ANNE, MD. Registrar	P. Cure P. Cure Proc. 19, 19 2 20 UNDERTAKER ADDRESS P. Cure
	ir. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of Illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. whatever, write None. tired 6 yrs.). to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, in expective of Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary faremen, etc. But in many (a) Foreman, (b) Automobile factory. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of qe For many occupations a single word or term on For persons who have no occupation The material The ques-

Statement of Cause of Death—Name, first, the bis-East Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Tipidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "eontributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolie acid-probably suicide. The natrain-accident; Resolver wound of head-homicide, Examples: Accidental disouning; as probably such, if impossible to determine definitely and qualify as Accipental, Suicidal, or Homicidal, or "PUERPERAL seplicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undercan be ascertained as the cause. Always quality all rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," "Con condition. such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weakness," etc., when a definite disease vulsions," stated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (second Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debillty" ("Congenital," "Senile," etc.) (R commendations on state-Example: Mcaslcs (disease Struck by railway failure." "Haemor (merely ete

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S. No. 1.

County Surnerset 12250	CERTIFICATE OF DEATH Registration Dist. No. 2 6 6
Village or City Herlen (No. 74)	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17
(Month) (Day) (Year) (AGE If LESS than I dayhrs. (BOCUPATION Month Month	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration)yrsmos.,ds Contributory
11 BIRTHPLACE OF FATHER (State or country) yester mode 12 MAIDEN NAME OF MOTHER DUTY Bradehaw 13 BIRTHPLACE OF MOTHER DUTY BRADEN 14 BIRTHPLACE OF MOTHER DUTY BRADENAW	(Signed)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Juleston M. Juleston 13 , 19 3.
Filed / 3 My2 2 John W Georges Registrar	John a Bradslar Crocklyd

STATE OF MARYI AND

REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (r state occupation at beginning of illness. If retired from tired 6 yrs.). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persous ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked ou may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the business or industry, and therefore an (a) Foreman, (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Automobile factory. The material

Typhoid fover (never report "Typhoid pneumonia") spinal meuingitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Ccrebrospin to time and causation), using always the same accer EASE CAUSING DEATH (the primary affection with respect Lobar pncumonia, Bronchopneumonia Statement of Cause of Death-Name, first, the mis (the only definite synonym is "Epidemic cerebro ("Pneumonia,

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequenees ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train—accident: Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage." "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticm." "Heart failure." vulsious." conditions, such as "Asthenia," stated unless important. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (uame origin; "Cancer" is less definite; avold inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is Indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Tumor" for malignant neoplasms); Measles; (e. g., scpsis, tctanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; Example: Measles affection need not be "Anaemia" "Coma," "Con-"Haemor-(second-(disease (merely

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions/answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

BINDING

FOR

RESERVED

MARGIN

No.

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	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
(12251	Registration Dist. No. 26
Vil	2 FULL NAME Margozet Drigine	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 :	Just 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day), 192 2 (Year)
6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw her alive on 2007. 4, 1923,
7 A	If LESS than I dayhrs. yrs	and that death occurred on the date stated above, atm. The CAUSE OF DEATH is was as follows: Courte Lil of lyeart
(I)	a) Trade, profession or Ameurt particular kind of work. Ameurt b) General nature of industry susiness, or establishment in	(Duration) vis. mos. ds.
	rhich employed or (employer)	Contributory General Carters Felicas Secondary Currie Suff Reflection (Duration)
S	10 NAME OF FATHER LEWIS P. Brokley.	(Signed) Sery 6 Coulous M.D.
ARENT	OF FATHER (State or country) MA. 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
0.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the State,yrs
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) le 9, Tull	Former or usual residence
15	(Address) messer me	At Paul Center 16 ,1922
F	Filed 6 192 Eakobuso Registrar	20 INDERTAKER ADDRESS ADDRESS Luffeld &
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Palto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as Al school or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many cupation is very important, so that the relative healthfulness of various parsuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, of rhage." "Inauition." "Marasmus," "Old Age," "Shock," conditious, such as "Asthenia," "Anaemia" Examples: as probably such, if impossible to determine definitely taken. For violent deaths state means of injury "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the canse. Always qualify all "Dropsy," "Exhaustion." "Heart failure." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritohacam, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or interchirent) affection need not be Whooping cough; "Dehility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valvular heart disease; Example: Meusles "Coma," "Haemor-Measles; (merely (second-(disease

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH QR RACE | 5 SINGLE, MARRIED. on back WIDOWED OR DIVORCED (Write the word) DATE OF BIRTH instructions at (Month) (Day and that death occurred on the date stated above. 7 AGE If LESS than I day hrs.ds. or min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work..... pial important. (b) General nature of industry business, or establishment in (Duration)yrs.....mos...... ds. which employed or (employer)..... Contributory Secondary P 4 Should E OF DE 10 NAME OF S 11 BIRTHPLACE uld state GAUSE of OCCUPATION ENT *State the Disease Causing Death, or, in deaths from ent Causes, state (1) Means of Injury; and (2) whether OF FATHER (State or country Accidental, Suicidal or Homicidal. C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents, or Recent Residents) 13 BIRTHPLACE At place of death yrs. ... mos.....da. In the OF MOTHER State......yrs......mos......da. (State or country) Every item of CIANS should statement of of Where was disease contracted, if not at place of death?... Former or usual residence. DATE OF BURIAL BURIAL OR REMOVAL (Address ADDRESS If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S.

7. S. No. 1.

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RESERVED

(Approved by U. S. Cusus and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," eta., en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. The material cases, especially in Industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the preceded in the causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), is always the same accepted to time and causation of the causation of the properties of t

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, Suicidal, or Homicidal, or quences (c. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under "PUERPERAL seplicaemia,""PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uracmla," "Weaknes," ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal rulsions," "Debility" ("Congenital," "Senile," etc.), causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; (Rocommendations on state-Always qualify all "Coma," "Con-(second-(disease (merely

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DEC

AARGIN RESERVED FOR BINDIN

V. S. No. 1.

	PLACE OF DEATH County Sources 12253	STATE OF MARYLAND CERTIFICATE OF DEATH
	fois Dies & FA	Registration Dist. No.
Vill	2 FULL NAME Julia A. Wa	St; Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	Quale While Stroken Wilowed On Bright (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 D	(Month) (Day), (Year)	Now 1923, to Now 9, 1923, that I last saw h enalive on Now 9, 1922,
7 A		The CAUSE OF DEATH & was an follower Checker
(P	a) Trade, profession or Arusework, articular kind of work.	
, p	usiness, or establishment in which employed or (employer)	Contributory Carling Contributory Contrib
ENTS	11 BIRTHPLACE OF FATHER ANNIAS Dine,	(Signed) M.D. M.D. (Address) M.D.
PARE	(State or country) 12 MAIDEN NAME OF MOTHER Vancy Land,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
	of Mother (State or country)	At place of death yrs. mos. da. State, yrs. mos. da.
14 7	THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Charles Mard of Noah	Fermer or usual residence
	(Address) Crisfield, And	Home lot Cecclent Avr. 11. 1924
15	Filed Nov. 10th 1922 Co lealling Registrar	20 UNDERTAKER ADDRESS Lawson Cuffield
II	If more blonks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. A.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook Whatever, write None. tired 6 yrs.). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerto report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The question applies to each, and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully cm-For many occupations a single word or without more precise specification as Day For persons who have no occupation Ccal mine, etc. Wom-

Statement of Cause of Death—Name, first, the discase causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or monicidal, or State cause for which surgical operation was under-"Puerperal scp!icaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weeknes;" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Sbock," "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles ctc. failure," "Haemor-The contributory The na-Measics, (merely terminal (second-(disease etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the pertificate is permanently filed.

N.B.

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PLACE OF DEATH	STATE OF MARYLAND
County Jonnesset 12254	CERTIFICATE OF DEATH
1 > 21.	Registration Dist. No. 24
Village or City WEnone (No. Mary 2 FULL NAME John HELL	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH Non 40%
Moly Write OR TRYPICED OR TRYPICED	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	VVV 192/, to Slaft, 1922.
Jan Mukerow 1862	that I last saw h has alive on S. T. J
(Month) (Day) (Year)	and that death occurred on the date stated above, atm
If LESS than I dayhrs.	The CAUSE OF DEATH A was as follows:
yrsmosds.lormin.?	Malin In any It lim asstrage
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in	(Duration)yrsmosds
which employed or (employer)	Contributory Pull Tubersulvers
(State or country) Mary Grand	Secondary (Duration) . O. yrs mos ds
10 NAME OF Straw Webst.	(Signed) M. D
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Clip Ebeth Windson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos da. State, yrs mos da
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) May WEbsler	Former or usual residence.
(Address) Winous	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
15 Maria De Malabaras	20 INDERTAKER ADDRESS
Filed 107 2 192 V GLO RYLLIGHT	WillEbsten Drobishe
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

eu at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Furmer (restate occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged hi domestic service for wages, as Servent, Cook, to report specifically the occupations of person enployed as At school or At Lonic. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. tion applie to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Housemaid, etc. Statement of Occupation -- Precise statement of oc For many occupations a single word or term on yrs.). For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-Housewife, House-But in many The ques-

Statement of Cause of Death—Name, first, the bisease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Chronic interstitial nephritis, etc. The contributory couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; head of "contributory." quences (c.g., sepsis, tetanus) may be stated under the ture of the lujury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakues." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "E-haustion," "Heart failure," "Haemorvulsious," symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia(name origin; "Cancer" is less definite; avoid ing ... peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee Poisoned by carbolic arid-probably suicide. The na-Examples: Accidental drowning; Struck by railway (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senilc," etc.), (Recommendations on state-(second-(disease (mercly

If this certificate is to ked over therearing and all questions answered in detail, it will prevent further correspondence. Ill the dath is assertial and must be obtained before the certificate is rerunancity filed.



statement

County Somersel	12200
Village or City Change (No.	(31)
2 FULL NAME Golin Roy H	372
PERSONAL AND STATISTICAL PARTICULARS	
yall Color or race 5 SINGLE, MARRIED. Sugar Willowed OR DIVORCED (Write the word)	16 DATE OF
6 DATE OF BIRTH (Month) (Day), 1-4 (Young)	that last s
If LESS day	thanhrs. The CAUSE
8 OCCUPATION (a) Trade, profession or Apprentice Michanic particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer)	Contribut
10 NAME OF William White	(Signed)
11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State Violent C Accidenta
13 MAIDEN NAME & aphronia Wisl	IS LENGTH tents, or B
13 BIRTHPLACE OF MOTHER (State or country) Maylan	At place of death y
(Informant) John Tust	GE if not at place of Former or usual residence.
(Address) Champ, lud.	19 PLACE OF
Filed 11/26/22 192 mm & Bank	20 UNDERT
Registr	James

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......St.:......Ward) (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.) MEDICAL CERTIFICATE OF DEATH DEATH REBY CERTIFY, That I attended the deceased from

th occurred on the date stated above, at.

OF DEATH & was as follows:

....(Duration)yrs.....Q...mos.....

the Disease Causing Death, or, in deaths from anses, state (1) Means of Injury; and (2) whether Suicidal or Homicidal.

OF RESIDENCE (For Hospitals, Institutions, Transecent Residents)

In the State, yrs. mos. de. s.mos......da.

9955

BURIAL OR REMOVAL

AKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; if nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necescupation is very important, so that the relative health Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc engineer, Stationary fremen, etc. or At Home, and ehildren, not gainfully em-For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) But The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia").

ment of head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Examples: Aecidental drowning: Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or rhage," "Inanition." "Marusmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatie), "Atrophy," "Colkapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or Poisoned by carbolic acid—probably suicide. takeu. For violent deaths state means of injury State cause "Puerperal seplicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes." etc., when a definite disease vulsions," causing death), 29 ds.; stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunuor" inges, peritoracum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whooping cough; Chronic valentur heart disease; (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; cause of nearn approved by Committee "Debility" ("Congenital," "Scnile," etc.), for which surgical operation was underfor malignant ueoplasms); (Recommendations on state Bronchopneumonia Example: Measles affection need not be "Апастіа" Always qualify all "Coma," Mousles; terminal (second-(merely (disease

If this equilibrate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is resential and must be obtained before the certificate is permanently filed.

S. No.

N. 8.

PLACE OF DEATH County Lower 12256 Village or City Mosen (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in
2 FULL NAME Prostho L. Wh	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Song Brow 86 4	that I last saw h & alive on Nov 30 ,192 ,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	The CAUSE OF DEATH At was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Parolyses
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Cerebral Hemarkory Secondary
10 NAME OF father Somuel Hondy	(Signed) (Duration) yrs. mos. da.
11 IHRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Jessie Hondy 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients, or Recent Residents) At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ino A, Whilliagton	Former or usual residence.
(Address) Snorion 3md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1927 Earlobouson	20 UNDERTAKER ADDRESS

blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

No. 1.

(Approved by U. S. Censes and American Public Health Association.)

definite salary), may be entered a. Housewife, House whalever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the distase causing death. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Linbo er." "Foreman," "Manager," "Deal-Honsemeid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inchstrial employments, it is neces-Civil engineer. Studionary farmen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will 'e sufficient, e.g., Farmer or Planter, tion applie to each and every person, irrespective of fulness of various cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day parent's can be known. The ques -Coal mine, etc. Wom-

Statement of ('ause of Death—Name, first, the disease causing death (the primary affection with respect to time and gaugation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the Anderican Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, telement may be stated under the Poisoned by carbottened a charty suicide. The nature of the injury, as from the skull, and consetrain-accident: Revel or would o Examples: Accidental dem aing: Arrich as probably such, if impo sible to determine definitely. and qualify as accidental, strendal, or Homicidal, or taken. For violand by Names state Means of injury State cause for which contact operation was under-"Puerperal seplicaes: " Press is a paritoritie," diseases resulting them and thath or miscarriage as can be ascertained rhage," "luanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exh. asti n." "Teart failure." symptomatic), "Atrephy," "Collapse," conditions, such a "Asthenia." ary), 10 ds. Nev requer agers at leven or terminal causing deaths. 20 dec; stated unless inger and. use of "Tumor" for malignant neoplasms); Mrestes; inges, peritonacian, etc., Carcinona, Sarcona, etc., of (name origin; "Cancer" is less definite: avoid unqualified. is indefinite); Tuberculosis of lungs, men-"Uraemia." "Weetha vulsions," (secondary or interentres.) affection need not be Chronic interstitiat nephetic etc. Whooping "Debility" ("Congenital," "Senile," etc.), Candy ! (1.7. 37. (R co-amendations on state-Emmple Wed to: tra when a definite disease Dim who achannic rulentar heart "Linaemla" (merely Niways qualify all The contributory hend - homicide; "Coma." "Haemorrailway (second-(disease JINCUSE;

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